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PATIENTS AND PROBLEMS were many and varied at the "Dispensary in Pachperwa" . . . from Gertrude Emerson's book, "Voiceless India."

"A NIGHT WITH WARRIORS AND BUFFOONS" concludes Father Goertz's sketches from Java . . . with a description of Javanese drama at the Prince's Palace.

DAMIEN—of the famous grin—proved a very puzzling patient to the doctors in Rawalpindi. He is one of the reasons for building a new and up-to-date Holy Family Hospital.

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

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The Mission Intention

More Numerous Mission Vocations

During November thirty million or more members of the Apostleship of Prayer will implore the Sacred Heart of Jesus through the Immaculate Heart of Mary to increase missionary vocations. The harvest is ripe, but in all fields the laborers are few. This is *tragically* true in the medical mission fields of the world.

Day in and day out not thousands but millions are in agony of pain, sick and weak, with no doctor, no nurse, no hospital, no remedies, not even enough food. Even lepers cannot find isolation to protect themselves from scorn and others from infection. In one large leper asylum in India where only advanced cases with open wounds are kept, departure must follow dismissal at once, to prevent self-infliction of wounds as an excuse to stay.

Nineteen centuries ago there was One Who walked up and down the shores of Galilee proclaiming a new law of love and demonstrating it, healing all manner of disease. He was Christ, the Great Healer, Who came to cure the whole man from the ravages of sin.

He chose disciples to carry on His work in the world. Wherever they kindled the light of faith, the lamp of charity began to glow so that the Christian world today is warmed by compassion and mercy for every human need.

O Jesus, through the Immaculate Heart of Mary, I offer Thee my prayers, works and sufferings of this day, for all the intentions of Thy Sacred Heart, in union with the Holy Sacrifice of the Mass throughout the world, in reparation for my sins, for the intentions of all our Associates, and in particular for the war dead and for more numerous mission vocations.

As the heralds of the new law advance beyond the frontiers of Christianity, the gospel of brotherly love must be enacted again that all men may understand it. Their wounds must be attended with the best wine and oil at our disposal, their hearts must be melted by utter selfless devotion so that they may ask of their own accord the why and wherefore and find and love the source from whence it springs.

To relieve suffering in the spirit of Christ, that is the aim and work of medical missions. It means serving Him personally, for He accepts as done to Himself what is done to the least of His brethren. It gives fatalism and superstition a death blow and instills hope and trust in God and man. It brings tidings of peace, breaking down religious prejudice and race hatred. It is a way of bringing together under one friendly roof all classes, all colors and creeds. Like the sun that shines on the good and the bad, it helps all with only one distinction, the neediest receive the most.

The apostles of our day, the mission bishops, know and realize this and are eager and anxious to bring relief and solace to their flocks in the name of Christ. They want hospitals, they want maternity and child welfare centers, they want leprosaria — they want every kind of medical aid. They plead for workers in the vineyard.

And this is where *your* part comes in. Do you care how the other half of the world lives? Is it anything to you whether a young mother lives or dies, whether or not a child is given his birthright of health?

If you do, please pray fervently during November for a legion of medical missionaries, both religious and lay, from many countries.

HERITAGE of HOPE

By Sister Ignatius Marie, S. C. M. M.

The more a missionary sees of pagan death, the more grateful he is for the priceless gift of hope, and the more he prays, works, looks forward to the day when that same hope will be the heritage of every soul in pagan lands . . .

Leaving his country for the mission fields of India a missionary is happy because the long sought for goal is drawing near. As he watches the coast line fade on the horizon, he knows but little of the surprises he will meet in this land of extremes. The different manner of dressing, the various methods of transportation, the living quarters, the strange food, the many methods of prayer, none of these are a complete surprise. Older missionaries, books, magazine articles, and even the movies have given him some knowledge of these things. But by no direct way can he realize just what the reality is and just what will surprise him most.

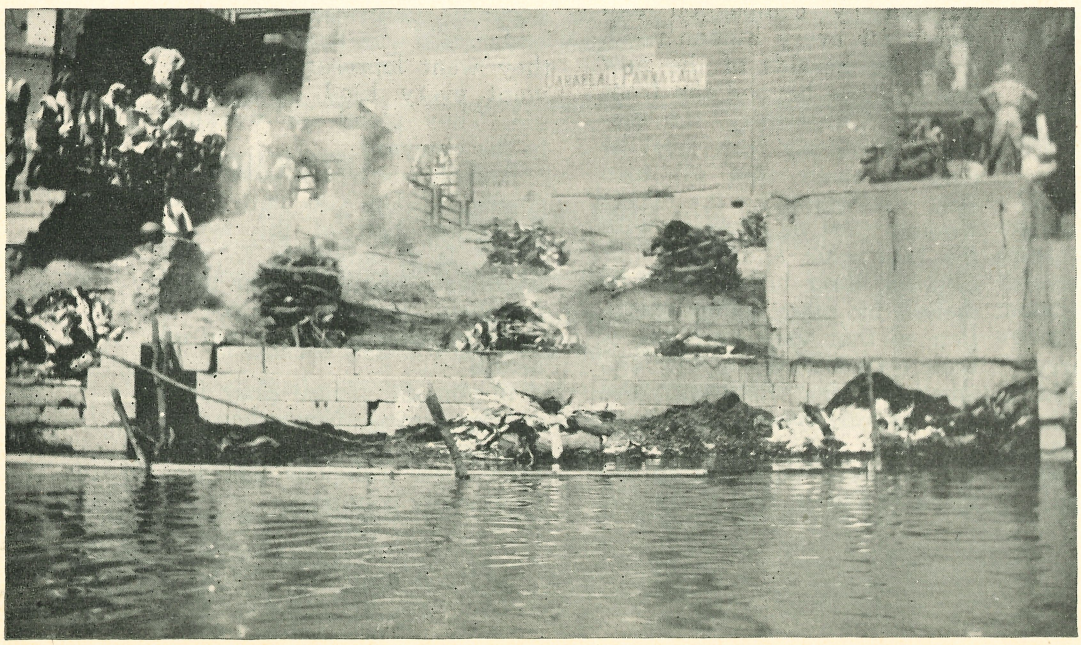
Perhaps one of his greatest surprises will be his increased appreciation of the virtue of hope. You may wonder, and with good reason, how pagans and a pagan country can give the missionary a higher evaluation of Christian hope. How often do we hear it called the most neglected virtue! That we do take it so much for granted is undoubtedly the reason why the lack of it in a pagan country is so evident.

It is in the pagan outlook on death that this lack of hope is most clearly seen. A Mohammedan facing death is ordinarily quiet and resigned. For him it is Kismet—the will of Allah. He looks forward to a future world of joy. True, it is a far cry from the Christian concept of heaven, but it is undeniably a source of help and hope for him and for his relatives, who although grief stricken, are not uncontrolled in their sorrow.

But the black despair surrounding a Hindu death bed is appalling. It beggars description. The Hindu belief in the end of life holds not one atom of consolation for the one who goes or for the family that grieves.

Instead of the consoling—"Go forth, Christian soul, in the name of the Father Who created thee, in the name of the Son, Who redeemed thee, in the name of the Holy Ghost Who sanctified thee," an infernal din is the last sound registered by his weary ears. Shrieking, wailing and beating their own bodies, women relatives and sometimes men too, hurl themselves on the ground, not once or twice, but repeatedly. Their jewelry, much of which is of glass, is shattered all over the floor. The thud of self-inflicted blows is sickening, and soon the mourners are a mass of bruises. It is not unheard of that death follows this punishment.

Yet in all this wailing, it appears that there



A Hindu burning ghat on the Ganges

is more consideration of personal loss than true sorrow over the one who has gone. The suggestion that the long drawn out sufferings of the deceased are now ended often brings the reply—"Who will take care of me when I am old?" or "I am all alone now, who will cook my food?"

The pagan is distinctly alone in death. For him there is nothing comparable to the hope-inspiring prayer— "May the angels conduct thee into paradise; may the martyrs receive thee at thy coming and lead thee into the holy city of Jerusalem."

The body is wrapped in several cloths, the quality of which indicates the wealth of the family. Rice, lotus leaves and the ever-present marigolds are added and the corpse is placed on an *arti,* a six-foot bamboo ladder. This is lifted to the shoulders of four men and is hurriedly borne away to the burning ghats, to the repeated cries of *"Ram sata hai."* (Ram is over all.)

For the pagan there is no Requiem Mass, no Preface offering the comforting words — "Through Christ our Lord, in Whom the hope of a happy resurrection has shown upon us, so that those whom the certain fate of dying renders sad, may be consoled by the promise of future immortality, life is changed not taken away and the house of their earthly dwelling being destroyed, an eternal dwelling in heaven is obtained." There is not even the kindly aspiration—"Requiescat in pace."

Life without hope, without the belief in an eternal home, is bleak, although men endeavor to make it otherwise. But death without hope is terrifying. The more a missionary sees of pagan death, the more grateful he is for the priceless gift of hope and the more he prays and works and looks forward to the day when that same hope will be the heritage of every soul in this country.

Dispensary in Pachperwa

By Gertrude Emerson

BLINDNESS

Many cases of cataract presented themselves at Pachperwa. With an air of perfect confidence I assured scores of old people that if they would only go to the hospital at Balrampur or Gonda, the doctor there, who was very clever, would make a little cut without hurting them at all, take out the "curtain" inside their eyes, and restore their sight within a week. The dread of the villager for any sort of operation was too strong to permit his seeking the only method of possible relief. I recall only a single exception.

I was sitting alone late one evening, in the open space in front of my house commonly called the *maidan.* A gentle murmuring under the trees beside the shrine attracted my attention. When I asked who was speaking a voice answered: "We have come from our village of Gainsai because of the child's eyes, but we are late. We are spending the night here under the trees. In the morning we shall ask if medicine can be given." I invited the owner of the voice to approach, and an elderly peasant stepped out of the shadows followed by a young woman and a boy. While the grandfather, who said he belonged to the herdsman caste, was telling how the boy, now eight, had been blind from birth, the little fellow put out his hands and began to feel the canvas steamer chair in which I was sitting.

"What is this, Dada?" he asked.

"It is the chair of the sirkar, child," answered the grandfather.

"I want a chair like this," the child insisted softly.

"But who can make you such a chair?"

"You can make it for me, Dada!"

I drew him to the lantern light without hope. There, unexpectedly I saw the two opaque white spots in the eye centers, signifying cataract. I explained to the grandfather that the "big doctor" at Gonda might be able to cure the boy. I promised him a personal letter to

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the Doctor Sahib and three rupees for train fare and food. To my great delight, he said they would take the early morning train. The son was dead and this little grandson was all he had left. The Ayah offered to share her bed with the Hindu mother and child. Rolling himself up in his sheet, the grandfather lay down beside them on the hard ground.

Some days later I heard from Dr. Jaensch, civil surgeon at Gonda. It was a case of congenital cataract, he wrote, but he had been able, by a needling process, to bring partial vision to one eye. If the grandfather would be patient and bring the boy back to Gonda again after the first eye had healed, he hoped to operate with equal success on the second eye.

Most of the blindness, if it is not syphilitic in origin, is the result of infection and might easily be prevented. My preaching on the necessity for immediate care in all cases of eye infection soon began to bear fruit. Occasionally even late at night loud groans drew me to the veranda, to find someone there clutching a filthy rag to a flaming eyeball. The eye cases were especially prevalent during the hot weather, when the dust blows constantly, but after five days or a week of argyrol or silver nitrate, with several daily washings of boric or salt solution most of them cleared up satisfactorily. But old cases of trachoma were much too difficult and stubborn to yield to my inexperienced treatment.

One day I received a note in English from a Mohammedan tutor in a wealthy family of East Bargadwa, two miles beyond Pachperwa. "The bearer who is my friend is carrying his only son before your honor for the eye inspection, which had been caused by the smallpox a week ago," I read. "Kindly administer the medicine if you can or advise for treatment." (Smallpox is another very common source of blindness.) I put a drop of weak argyrol in each of the baby's eyes and told the father to bring him back the following day. The next morning the man was there, squatting in front of the verandah with the child in his arms. When I looked at its eyes I saw that they were dead, like gray stones! I felt so weak I could not speak or move. The baby's eyes had only been watering the day before, and the terrible thought flashed into my mind that in some way I had blinded him. While I was still standing over the child, speechless, I heard the father saying, "He has not seen for fourteen months." What a sense of heavenly relief flowed from those otherwise painful words! Of course I had mistaken another father and baby for the pair of the day before.

PATIENTS—CURABLE AND . . .

Two groups of patients I found particularly difficult—those who returned day after day with old incurable ills for which I had already told them I could do nothing, and those who, when told to let me see them again, said they had a long way to come and it was much trouble. If I said I was unable to treat stomach aches of five years' standing or coughs of long duration, members of the first group immediately insisted they had had the ache only five months or five days, the cough only since Wednesday. If it was a case of "white eyes" that could not be cured, they asked for medicine for pain in the back instead. The other class seemed utterly unconscious of the seriousness of a given condition. Many a baby with running ears I saw once and never again. Infected fingers swollen to three times their natural size and needing most careful attention received but a single dressing. Another supreme difficulty was the matter of diet. Directions about swallowing pills and powders were easy to give, easy to understand and easy to follow. But when a mother brought a baby wasted with diarrhea or dysentery and I tried to explain that for twenty-four hours it must have nothing but water and afterwards milk at half strength for several days, she would reply that, if she did not feed it when it was hungry, the baby would cry. To her, the idea of being a good mother simply meant giving her child plenty to eat, and, to the best of her limited ability, trying to make it happy.

A PROBLEM OF BOTTLES

One of my irritatingly amusing problems had to do with bottles. It was impossible to keep enough bottles on hand for dispensing washes and liniments. Also, though I wrote to Lucknow, I was unable to secure any wax paper for ointments. The ointment difficulty was solved by using leaves from a neighboring banian tree, picked fresh by Asgar Ali every morning. But the bottles caused trouble to the end. I finally insisted that a patient must supply his own bottle. He always began by protesting that he did not know where to find a bottle. He knew very well that he could get a dirty one in the bazar for a quarter of a cent and a clean one for two to four cents, but naturally he did not want to part with a precious pie. When I remained obdurate, he would depart reluctantly to fetch a bottle. The one he brought was invariably too small or too big, and always black inside. I would ask him to clean it. Three times he would return with it dirty, and each time I would instruct him to put sand and water in and shake until the bottle was clean. Finally, in despair, I would accept it and rinse it with boiling water from the kettle I kept heated on the veranda.

In the first weeks of my medical practice, a great many Hindus objected on caste principles to using my spoons, glasses, or water. I used

to say at once: "Are you Hindu? Then bring your own cup and water." Later I learned that in the case of medicine an exception to caste rules has now been generally recognized. Anybody who goes to a hospital is required to use the hospital appliances. Much time was lost waiting for a man to go off and get his own spoon or lota of water, or borrow one from somebody of his own caste. So I just appeared with my kitchen tablespoon of castor oil and poured it down the man's throat before he had time to think about it. Objections soon died down. In one point I had to give in. Although I was very careful to produce a bottle of alcohol and wash my thermometer after use in the presence of everybody, Hindus frequently resisted having it put in their mouths. Even Ram Lakhan used to spit energetically each time I thrust the mercury bulb under his tongue.

On account of their caste prejudices, Hindus on the whole were more difficult to deal with than Mussulmans. But during the month of Ramazan, the Mussulmans suddenly presented a new front. Very few would let anything pass their lips until after sunset. It was a novel thought that a religious fast had to include quinine or salts, and that, for this reason, fever or severe colic must be endured without relief until the sun went down.

By the time I had cleaned up my medicine shelves and washed my hands for the twentieth time, I felt as if I had done a strenuous day's work, though it was only eleven. I was quite ready to go inside and have breakfast, cooling off a little under Jamai's manipulation of the punka. But in spite of an effort on my part to keep the rest of the day free, people continued coming for help at all hours . . .

GANDHI AND THE MISSIONARIES . . .

In the following significant statement, Mahatma Gandhi recently expressed his opinion of the missionaries, and of Catholic missionaries in particular . . .

"It is religion which interests the missionaries. As their name implies, they are sent for a specified mission: to be to the human race the heralds of God and His revelation. They occupy themselves also with social works because they see in them a means of bringing men closer to God and because they know that injustice is a great evil which offends the just God and harms those who are its victims.

"If to help lepers is so dear to the missionaries, especially to Catholic missionaries, it is because no other service requires a greater spirit of sacrifice. To care for lepers demands the highest idealism and most perfect abnegation.

"The political and journalistic world can boast of very few heroes who compare with Father Damien of Molokai. The Catholic Church, on the contrary counts by the millions those who after the example of Father Damien have devoted themselves to the lepers. It is worthwhile to look for the source of such heroism."

A NIGHT WITH WARRIORS AND BUFFOONS

By

The Rev. Heinrich Goertz

Dj . . . Java

Everywhere in the world people take a childlike delight in little, glittering medals. The Regent of S . . . was no exception to the rule, and he was happy and proud of that golden medal which was a shining confirmation of his successful statesmanship. Such a historic event had to be celebrated, and thus the social world of Dj . . . was invited to a soirée.

The gods have always been strangely affectionate towards me. Why? That is one of the many puzzles for which I cannot find an explanation. In any case, the gods wangled it again, and I too was among the elect who received a personal invitation from the Regent. It would be insincere on my part to disguise the thrill I felt when I held that letter, scribbled in grotesque characters, in my hand.

On the day of the fete I even shaved a second time, took out of my baggage a new suit that had not seen day-light for many months and smelled of moth-balls, and put on the whitest collar I was able to hunt up. At eight o'clock our prehistoric car entered the picturesque patio of the palace, which was draped in palms and mango-trees, the leaves of which were gilded by the lights of many lanterns.

Under the palace gate the Regent and his wife bade us welcome. I tried to look important and dignified (but certainly without success!) and murmured something like "Salaam aleikum!" My friend gave me a kick, but it came too late.

A Javanese musician plays his two-stringed instrument which is made of ebony and ivory over a parchment-covered sound box.

Three Lions Photo

A dance based on the Hindu epic, "Ramayana." The woman dancer portrays Sita, wife of Ram. In her hand she holds a bow and arrow which she aims at the evil bird, Garuda.

—Three Lions Photo

In the prince's hair, that had grown into a beautiful little pig-tail, there glistened a golden comb. That comb, and the warm, motherly expression in the eyes of the princess, immediately caught my attention.

We were led into the hall—a spacious, high-ceilinged apartment open on three sides. The lights from numerous lamps lit up the red lacquer and gilt on the ornamented ceiling and carved pillars. Yellow flowers lay on a wine-colored carpet, and delicate orchids dangled everywhere from the eaves.

A sensation of confidence and security came over me when I saw the palace-guard marching around the hall. The gigantic spears were three times taller than their bearers; they almost frightened me. But the top-hats —a substitute for steel-helmets—and the faces under those top-hats looked so indescribably friendly and peaceful that all my fears flitted away. The majority of those "warriors" were of an age that generally prefers an armchair to a war-horse and a long pipe to a battle-ax.

More guests arrived, Europeans and Javanese. The Javanese wore a mixed costume, the upper part was European (a dinner jacket), the lower part Javanese, a batik sarong, wound about the hips and tucked in at the waist. And they dare say that East and West shall never meet! Here they met on the same person.

The stamping of horses interrupted my survey. The Sultan had arrived. An immense canopy of gold brocade was carried into the hall. The Sultan and his daughter walked beneath it.

"The Sultana died some time ago, and none of the Sultan's many harem women has the right to appear with him at such a social gathering," whispered my friend.

All the people in the hall curtsied and salaamed—and then the drumfire of savage motors broke into the solemnity.

"That noise announces the arrival of the Governor General," explained my friend.

"Governor or not, that prosaic racket offends the poesy of the place and the night," I protested.

Just at that moment the huge spears and top-hats marched past. The Governor, the Sultan and we were well protected.

TID-BITS AND CIGARS . . .

The respect of the servants was almost limitless. They performed all services in a crouching, crawling position. They offered the most piquant secrets of Javanese culinary art. Up to now I do not know what I swallowed that night. I only know that those racily spiced tidbits and delicacies made my tongue burn and twist.

And then the cigars, those famous, unforgetable products of the "lands of the princes"!

My good friend who had not forgotten my weakness for cigars, but had apparently unlearned the seventh commandment and the most essential paragraphs of the "book of good manners," whispered into my ear: "Take all the cigars the servants offer you! Don't be too prim! I place my pockets at your disposal, if yours don't suffice."

But, recalling to mind that the Decalogue was still in force, and the spears nearby, I answered: "To be sure I would carry a bag-full of those cigars with me around the world . . . "

The Master of Ceremonies directed the whole ritual with such a sublime gravity and such an impressive face, as if the most decisive affairs of state or matters of life and death were at stake. Well, a glass of champagne for the Sultan, a tid-bit for my friend, and a cigar for me were in no way "trifles light as air."

The ladies sipped tea and ate sweets. They were dressed in most elegant batik sarongs of exquisite hand-painted colors and designs. The orchids that dreamed on their jackets and in their ebony hair rioted in color and beauty. And the diamonds that glittered on their fingers and in their ears would easily have paid my fare for several journeys around the globe. The charm of the ladies was somewhat diminished by their betel-reddened teeth. But that is only my humble Western opinion. In some parts of the world those red teeth are a sign of beauty. And in such moments I admit that Kipling was right when he said: "East is East and West is West!" For that reason I ordered my Western conceptions and prejudices to step aside and quickly engulfed all precipitate judgements and criticisms. "It's advisable," I told myself, "to keep mouth closed but eyes and heart wide open."

A WAYANG WONG . . .

Musicians and singers now entered the hall.

"They are going to stage a drama—a wayang . . . " my friend faltered.

"A wayang wong," I helped.

"Where did you pick up those expressions of an expert?" my friend asked.

"Well, I wasn't born yesterday, and I've some good friends among sultans and court-poets . . . "

The drama began. There were two groups facing each other. On each side stood four warriors and two buffoons. Songstresses told the story. Since the language was a mixture of old Javanese, new Javanese and Malayan, it was all Greek to me. But I knew that those ancient plays generally represented the love adventures of some Javanese Don Juans, and their fights against rivals and demons. So I said to myself—"Let them love and fight and jest . . . "

The music jubilated, sparkled, wept, laughed, yelled and thundered, just as the action of the play demanded. All the movements of the drama were expressed in dances, dances that looked like those of a far-away fairy land . . . What I saw and heard and conjectured was this . . .

The warriors talked angrily with each other; brandished their golden swords and shields; made all sorts of racket; whirled about in wild, flowing rhythms; provoked and called forth to each other; agreed for awhile; then disagreed again; picked at each other; restored friendship again, but only for a short time; infuriated each other again; protested, demanded, clashed their shields with frantic wildness of spirit and ballyhoo; leaped from side to side, but always with a rigid, beautiful self-control and accuracy. Thus it went on for almost two hours. But in spite of all the din and clangor, the excitement and rage, there never was a real battle, and no one died. Nevertheless I fell under the spell of the scene, the melodrama and the night.

Then suddenly the drama ended in merriment and hilarity. The buffoons were shaking all over with laughter, holding their sides and clapping their hands in delight.

"The buffoons are the victors!" my friend said.

"As so often in life!" I retorted. "Perhaps you know by accident the words of Chesterton —'All men are mad but the humorist who cares for nothing and possesses everything!' "

And thus the mock-heroic words, the guffaws and giggles of the buffoons made even the most ferocious warriors come down a peg. The warriors had no other choice than to laugh too.

The drama concluded with smiles and grins —and I, barbarian from the West, had expected killing and death. I felt somewhat ashamed of myself.

That comic, witty finale ended the soirée.

First the Governor marched out and went off with his prosaic motorized policemen. I always loathe to see such unromantic, grim-looking people around. These matter-of-fact men spoil the most romantic fetes.

Then the Sultan left under his golden canopy. The canopy and the galloping horses were more poetic.

More golden canopies followed with more princes and princesses. Finally we went—without canopy.

And again that little pig-tail with the golden comb bobbed towards me in a most gentle "Fare you well."

Our Blessed Lord Himself, with His own wounded Hands dug the channels of grace stretching in a network to the remotest corners of the globe; but it is the daily life of every Catholic soul that must fill these channels.

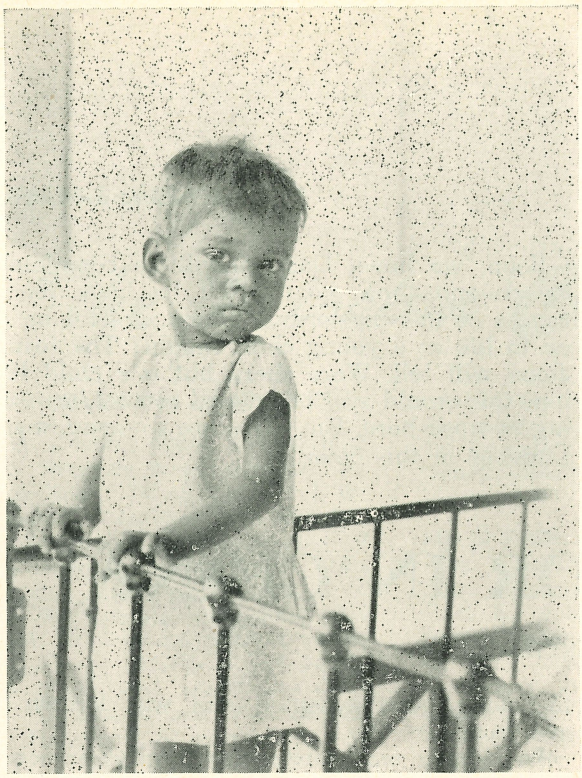
—T. Gavan Duffy

DAMIEN

By

Sister M. Leonie Tummers,

S. C. M. M., M. D.



"Sister-ji, look!" It was one of our Christians who works in the railway station. And what was there to see? Nothing but a neglected, anemic, miserable little boy with an engaging grin.

"He was left behind in a train, so I just brought him to you."

What could we do with this three-year old boy, who was not exactly healthy, but still was not sick enough for a stay in the hospital? Apparently the man sensed our perplexity, for he volunteered—"I can keep him." But the poor man had eight of his own to look after, and he made only a sweeper's salary. We therefore decided to give the child a physical check-up and send him to the Catholic orphanage nearby. Thus the little boy with the friendly grin went off to St. Catherine's orphanage, armed with a large bottle of tonic.

But he did not stay there long. About two weeks later he came back, this time accompanied by one of the Franciscan Missionaries of Mary who told us his story of woe. The little lad was very good and fitted in nicely with the life of the orphanage, but he was never really well. He preferred rice and chappatties to the good food the Sisters were trying to give him. For the last two weeks he had been running a slight fever, was generally miserable and semed to be so puffed up. Puffed up indeed he was. One look at him showed that he had universal edema and that it was up to Holy Family Hospital to discover the cause. And so Damien made his entry into our hospital. That was almost a year ago.

Damien was dosed with vitamins, tonics and medicines, but he remained listless, never said a word and just lay in his cot. Now and then he would cry as if in pain, but where the pain was located was difficult to find. In due time the edema disappeared, but a peculiar rash broke out all over his body.

Winter set in, and winter in Rawalpindi can be very severe for a sick, amenic child. He was still having his bouts of fever and the rash flourished. Gradually he made us understand that his fingers hurt. Slowly they turned blue and the digits of three or four of them became gangrenous and dropped off. By now we were afraid that Damien was going to have leprosy, so he was securely isolated and the doctor of the leper hospital was called in for consultation. This was no text-book case, but the doctor assured us that in his opinion it was not leprosy. What else it might be he did not know, but surely it was not the dreaded leprosy. To make certain he suggested a few tests, all of which proved to be negative. Damien was freed from his isolation, but remained a very sick youngster. For a while we even thought he would leave us to join the angels in heaven.

At that time we had a Sikh girl in the hospital, taking the course in midwifery. This nurse had an almost natural Christian outlook toward human misery. She took a liking to Damien, and would feed him and talk to him. Of all the nurses she always knew where the pain was and what to do for it.

Winter came and went. Spring set in and with the return of warmth and new life all about him Damien came to life. It was still difficult for him to walk, as his feet hurt so, but his grin was back, that famous grin that drew our attention when he was first brought to us. Though backward in many things, especially in health, Damien is not stupid. When Mother Dengel came to visit us, he was in one of his better periods. He took quite a fancy to Mother and even had his picture taken. But talking he did not do. Why bother when you can get everything you need by sign-language? And Damien is a past-master at that.

Now that he is definitely better, he tries to talk. But most of what he tries to say is still unintelligible, so he reverts to signs. One warm afternoon I came up to the nursery to see Damien sitting in his chair under the fan. When he spotted me he pointed towards it with a beatific smile, but no word. The other

day the nurse turned off the fan as he was running about and did not need it. But Damien knew that a fan meant coolness, so he trotted after the nurse, pulling on her skirt and pointing to the fan. She explained that it was not going to be used. Thereupon he took matters into his own hands, pulled a stool near the switch and proceeded to turn on the fan himself.

Soon, we hope, Damien will be completely cured—and then what? Will he have recurrences of this mysterious illness, or will he go on in life as a young child should? The future alone will tell. Were there but one child like him this would still be a good reason for coming to work here. But there are so many, many Damiens in this country!

MISSION DOCTOR IN CHINA

A Book Review

DOCTORS EAST, DOCTORS WEST by Edward H. Hume, M. D. New York: W. W. Norton and Co., $3.75, 278 pp.

The Prologue of Dr. Hume's book, "Doctors East, Doctors West," describes it as "the personal record of how one American doctor discovered that medicine was a builder of bridges between nations and cultures." In conclusion, Dr. Hume himself states—"Only those can enter effectively into her life who approach China's citadel by way of friendship." In between, he shows what such friendship can be. His story is the story of this friendship lived.

"Doctors East, Doctors West" is more than a mere biographical sketch. It is primarily a study in attitudes. Dr. Hume never preaches, but in telling us of his own twenty-five years' experience in China, he shows more effectively than good advice could ever do the true way of approach to the East, the ground upon which East and West can meet and be friends.

Dr. Hume first started a hospital for the Yale University Mission in the city of Changsha, Hunan Province, in 1905. At that time Westerners were most unwelcome in this conservative city so strongly rooted in ancient Chinese traditions. But from the very beginning he made every effort to do things in the Chinese way, using the utmost care lest he offend the sensibilities of his patients. Instead of starting the hospital in a new building, he rented an old Chinese inn, already well-known to the people. He took great pains to familiarize himself with the language, to learn Chinese courtesies. Best of all he studied the ways of the Chinese doctors themselves, such as the ritual of examining the pulse, and respected them in his own practice.

As he began to know more and more about Chinese doctors and their approach to disease, he came to have confidence in them. The Chinese knew the uses and therapeutic value of many drugs long before the West. They used liver in treating anemia, ephedrine for colds, and seaweeds containing iodine in the treatment of goiter. Vaccination against smallpox had long been accepted and was known to everyone.

Dr. Hume was particularly impressed when the mother of a typhoid fever patient showed him a "Treatise on Typhoid Fever," published about 196 A. D., containing such accurate descriptions of the sickness that "Osler could scarcely have given a clearer picture." Comparing these two distinguished physicians, the ancient Chinese doctor and the famous Westerner, Dr. Hume says, "It was fascinating to discover how many similarities there were between the two. Both emphasized the prime importance of diagnosis; both were bedside clinicians, experienced in interpreting symptoms; both were different from their contemporaries in cautioning against excessive medication and recommending hydrotherapy. How near together these two great leaders were, though continents and centuries apart!"

Most important in the development of the Yale mission was the arrival of a young Chinese physician trained at Yale. For Dr. Hume this opportunity of working together with Dr. Yen was a real milestone in his work, bringing him nearer and nearer to the goal of cooperation between Americans and Chinese.

Eventually, under Dr. Hume's leadership the small hospital which had such a lowly beginning in the old Chinese inn, grew into the large Hsiangya Hospital with a medical college and school for nurses attached. When the national government was organized and established at Nanking, the college became a national institution. Dr. Hume then resigned his administrative posts. As he explains—"From the very beginning it had been my purpose to withdraw in this way. In fact, all the Americans on the staff conceived of their tasks as temporary. We planned to turn the leadership over to our Chinese colleagues as soon as they were ready."

Dr. Hume's book is important for all of us. Every page lives out the truth that "Only those can enter effectively into her life who approach China's citadel by way of friendship."

The Mission Clipper

THE CHURCH IN MISSISSIPPI

In a recent appeal on behalf of the Southern home missions, His Excellency, Bishop Gerow of the Diocese of Natchez, calls attention to the status and possibilities of the Church in Mississippi. This startling appeal points out that of the 82 counties comprising that state, 53 have no resident priest; 33 have no Catholic church building of any kind, and 67 are without Catholic schools. Furthermore, of Mississippi's 82 counties, only 11 have parishes and schools expressly for work among the Negro residents. Mississippi's population is 49.8 per cent Negro, the highest in the Union, but only one out of every three Colored residents belongs to any Church whatsoever, and only one out of every 200 is a Catholic!

Pointing out the future possibilities of the Church in Mississippi, His Excellency writes—"Mississippi presents a fertile missionary field. Of a total population of 2,183,796 only 780,864 belong to any church.

"The work among the Colored people presents its own peculiar difficulties. Outside of the 11 parishes devoted expressly to Colored work, Mississippi can count only 62 Negro Catholics.

"Mississippi has over a million whites and a million Negroes who do not know the true Church of Christ. To reach them is beyond the resources of the Catholic Church in Mississippi.

"A wonderful missionary work can be accomplished particularly through Catholic hospitals and schools. Twenty-nine Mississippi counties are without hospitals of any kind."

"My appeal," continues His Excellency, "is particularly directed to communities of religious priests and to communities of Sisters to aid in this missionary work. The diocese can offer only limited financial assistance to an individual project.

"My appeal is for the adoption by religious communities, wealthy individuals, Catholic societies or financially well-to-do parishes of the 53 counties in Mississippi without a resident priest . . ."

We urge the widest possible circulation and reading of this startling leaflet and appeal. Copies may be procured by writing to the Bishop's Residence, Natchez, Mississippi.

FIRST CHINESE ABBOT

On his patronal feast day, Dom Peter Celestine Lu Cheng-hsiang, O. S. B., of St. Andre's Abbey in Bruges, Belgium, was appointed by the Holy Father Titular Abbot of St. Peter's in Ghent. He is the first Chinese to be thus honored by the Holy See.

Abbot Peter Celestine was born in Shanghai in 1870. While in the foreign diplomatic service he married a Belgian Catholic, Berthe Bovy. Through her example he gave up his Protestant beliefs and became a fervent Catholic. His marriage was a happy one, but the turning point of his life came with the death of his beloved wife in 1926. It was then that he carried out his long cherished plan of becoming a Benedictine.

At this time he was at the height of his political career, having held many high offices, twice as Prime Minister and three times Foreign Minister of China. Worthy of the greatest worldly honors, he now became a worthy disciple of Saint Benedict.

During the almost twenty years as a Benedictine, Abbot Peter Celestine led a life of retirement, praying for the nation of which he was once Prime Minister. Several times he was offered high positions in the Church, but he always declined, saying, "I have abandoned all worldly honors a man could dream of. Why should I go back to the world again?" But this time in his appointment as Abbot, he had no choice.

St. Peter's of which he is now the Titular Abbot, was founded in the eighth century by St. Amandus, and flourished up to the time of the French Revolution. While it no longer exists as an Abbey, it is now a large parish church, its dome still dominating the city of Ghent.

—Benedictine Orient

U. S. MISSIONARIES INCREASE

In spite of obstacles resulting from war, there are more United States Catholic missionaries in foreign fields today than there were two years ago, according to statistics compiled for the 1946 edition of the biennial Missionary Index of Catholic Americans and just released by the national center of the Catholic Students' Mission Crusade here.

The present personnel figure of 3,093 exceeds by 729 the 1944 figure, the Index shows. It points out that while the number of mission-

Please pray for the repose of the souls of:

Rev. Joseph E. Hart, C. S. C., North Easton, Mass.

Rev. Henry A. Heintskill, C. S. C., Notre Dame, Ind.

William Martin, Philadelphia, Pa.

Richard Erdlitz, Washington, D. C.

Mrs. Mary Schippel, Washington, D. C.

Mrs. Mary Stubener, Washington, D. C.

May their souls and the souls of all the faithful departed through the mercy of God, rest in peace.

Amen.

aries actually assigned to foreign mission fields in 1944 was 2,880, 595 of these were interned or imprisoned in Japanese-held territory or had been repatriated because of the war.

In spite of this general increase, however, the figures show that in four key countries fewer U. S. missionaries are active now than were assigned two years ago. China, with 562 missioners now, had 659 in 1944; the Philippines, with 217, had 248; Japan, with 30, had 33, two years ago, and Korea, with 7 now, had 33.

On the other hand, the Latin American missions have received substantial increases. Some of the missionaries in these countries were transferred from Asia and the Pacific islands because of war conditions. The West Indies have 548 U. S. missioners, the largest number among the Latin American areas. The South American countries, with 377 U. S. missionaries, have 119 more now than two years ago. In Central America there are 149 missioners, an increase of 42 over 1944.

The Jesuits, coming from eight U. S. provinces, have the largest number of men in foreign missions among the American religious communities, the Index notes, reporting their number as 384, serving in eleven mission fields. The Maryknoll missioners are shown second among the societies of men, with 264 in 12 mission fields.

Among the Sisters the various Franciscan communities lead with 350 nuns working in 15 mission fields. The Maryknoll Sisters are second with 198 members of their community in six mission fields.

China with its 562 American priests and religious, leads other foreign mission areas in the number of U. S. missionaries. Ranking second, third, and fourth in this respect are the West Indies with their 548, South America with 377, and Hawaii with 348.

N. C. W. C.

News from At Home and Abroad

SANTA FE

From Santa Fe Sister M. Theophane sent us news of the solemn celebration in honor of Our Lady which was sponsored by our Sisters there. It was held in the Cathedral on October 11, the Feast of the Maternity of the Blessed Virgin Mary. The women of Santa Fe, many of them patients at the Catholic Maternity Institute and Clinic, attended a Solemn High Mass which was celebrated by His Excellency, the Most Rev. Edwin A. Byrne. By this ceremony, they paid tribute to Mary as the Model of Mothers and asked her blessing on themselves, their husbands and their families.

Sponsoring this event was a new venture for our Sisters but from Sister Theophane we hear—

"We can honestly say it was fully perfect. The Archbishop gave one of the most practical sermons the women had ever heard. It was all in Spanish, so we could not fully appreciate it although we understood the gist of it. Furthermore we managed to get through the whole Mass (Our Sisters sang the Mass.) without breaking down! We also sang Panis Angelicus at the Offertory and the Ave Maria after Mass.

"We had used every possible means of letting the women know about the ceremony, over the radio, telephone and by written invitation. The Cathedral was filled with women; some came from as far as thirty-three miles away to attend. A great many also received Holy Communion.

"Fifty-two of our patients were guests of the Institute at the breakfast following the ceremony. Afterwards Mrs. Sanchez spoke to the women about the meeting of the National Council of Catholic Women in Kansas and brought out the points that had been discussed relative to a closer family life. Miss Cordero then spoke about the service we are giving.

"We are so pleased that the whole affair turned out well, and are most anxious to continue to have it annually"

ATLANTA

We have news of another development in the work of the Catholic Colored Clinic in Atlanta. Graduate students from the Atlanta University School of Social Work are doing their field work at the Clinic this year. Our Sisters down in Atlanta are very happy about this, for as Sister Clare tells us—"Lack of a social service department had been a definite gap in the set-up here, but one of those things that missioners put up with for lack of funds, rather than of appreciation for its need!"

MARY GIRI

The good tidings from Mary Giri came a bit late, but they are not less welcome. Four of our Indian Sisters made their first profession as Medical Mission Sisters of the Immaculate Heart of Mary on September 8th. They are the pioneer members of this new community and have completed their novitiate under the direction of our Sisters in Mary Giri. Before beginning the novitiate they had already taken a four year's course in nursing and midwifery at Holy Family Hospital in Rawalpindi. Those who pronounced their vows are— Sister John, Sister Salome, Sister Veronica and Sister Magdalene. Sister M. Pauline, Novice-mistress at Mary Giri, describes the event—

"The ceremony started at 7:15 a.m. The four Sisters who were to make profession came in by the side door of the chapel carrying lighted candles decorated with rose buds. A priedíu for four had been placed in the center just in front of the altar rail. The altar was also decorated with roses and we had a really nice altar cloth edged

Rev. Father Pinakatt, Sister M. Pauline and the newly professed Sisters at Mary Giri.

with some old but lovely lace Sister Margaret Mary had sent us last year.

"The Sisters were to receive silver hearts instead of a crucifix at profession, but at the last minute the hearts were not satisfactory and had to be remelted. They were not ready for the 8th. This was a great disappointment as the hearts are the only distinction between the professed habit and that of the novices. We have the hearts now, though, and they are very nice and look neat and attractive. It was the steel engraving block that took such a long time to make. "His Excellency, Bishop Kalacherry, gave the sermon. He told the Sisters that when Our Blessed Mother was born she was just an insignificant babe and unknown to the world. Yet she was destined to become the Mother of God. He also explained the religious life and the vows and wished the four Sisters to increase a hundred fold."

YOUR HELP — PLEASE —

is needed *now* for Holy Family Hospital in Rawalpindi.
The spade-work has been done—
the foundation is laid—
we have begun to build—

BUT WE NEED YOUR HELP TO FINISH A 200 BED HOSPITAL IN RAWALPINDI

* * *

The present Holy Family Hospital is the ONLY CATHOLIC hospital in the Punjab — a region of 29 million people!

A new hospital is our

most urgent need—

WE DEPEND ON YOU!

MOTHER ANNA DENGEL, M. D.
Medical Mission Sisters
8400 Pine Road
Fox Chase, Phila. 11, Pa.

Dear Mother Dengel:
Enclosed please find $.....
for Holy Family Hospital in Rawalpindi.
Sincerely,

.....

"LET US LOVE THE CHURCH"

Let us love the Church, this Holy, lovable, strong Church, this truly supranational Church. Let us make her loved by all peoples and all men. Let us be ourselves the stable foundation of society; may it become, in effect the "one nation"; "because one faith, one hope, one charity, one expectation": that, then, all those whom the grace of Our Lord has called to His Church, "out of every tribe and tongue, and people and nation," may be conscious in this grave hour of their sacred duty to irradiate from their lively and active faith the spirit and love of Christ in human society; that, in turn, all peoples and men—near the Church or still far from it—may recognize that she is the salvation of God even to the farthest parts of the earth.

—Pope Pius XII